MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH and 2 death. death. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY b. COUNTY MARY! AND b. CITY OR TOWN (if outside corporate limits. c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate ilmits, write RURAL and give nearest town) write RURAL and give nearest town) hours =HSTON d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRES e. IS RESIDENCE ON A FARM? within ND P YES within etely carbon 3. NAME DE First Middle Last 4. DATE Month Oay Year DECEASED any event, v DRUS (Type or print) DEATH 1966 executed 5. SEX 6. COLOR OR RACE OATE OF BIRTH ACE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS 7. MARRIED NEVER MARRIED 8. last birthday) Months | Oays Hours 1 and WIDOWED OLVORCEO 10a. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT ician 11. BIRT HPLACE (County & State, or foreign country) during most of working life, even if retired) HOME 13. FATHER'S NAME MOTHER'S MAIOEN NAME removal 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT HUSEA Address the attend 16. SOCIAL SECURITY NO. (Yes, no or unkown) (If yes give war or dates of service) death INTERVAL BETWEEN CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] ONSET AND DEATH PART I. OEATH WAS CAUSED BY: Honcertain IMMEDIATE CAUSE (a) **OUE TO** Cenditions, if any, which gave rise to Immediate OUE TO cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION CIVEN IN PART 1(a) WAS AUTOPSY for use Health use PERFORMEO? NO [YES [this cerus detached for 20a. ACCIDENT WAS UNDERLYING DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury In Part I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e, PLACE OF INJURY (Home, farm, (State) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20f. (City or town) (County) factory, street, office bldg., etc.) Hour a.m. Not While 19 at work at work p.m. 21. I certify that (i) (this hospital) attended the deceased from 19 6 6, that (i) (we) last DIRECTOR: AM, from the causes and on the date stated above. 19 Coce, and that death occurred at saw the deceased alive on **#DATE SIGNED** 22a. SICNATURE 22b. page ATTENOING M.O. DIRECTOR FUNERAL PHYSICIAN'S 22d. ADORESS TO FUNERAL director, p should be f 22C. 23c. NAME OF CEMETERY OR CREMATORY CREMATION, 23b. OATE THEREOF 23d. LOCATION (City, town or county) (State) (Specify) HON FUNERAL/OIRECTOR EC'O BY RECISTRAR 25b. REGISTRAR'S SIGNATURE 25a. VR A15 (4) 20M 1/65

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DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution, Residence before admission) a. COUNTY b. COUNTY Talbet Maryland Talbet MARYLAND b. CITY OR TOWN (if outside corporate limits. c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL end give nearest town) 24 writa RURAL and give nearest town) after .57 St. Michaels St. Michaels filled d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) . IS RESIDENCE hours d. STREET ADDRESS ON A FARM? Rio Vista Nursing Heme papers. n 72 ho completely YES NO W Water St 3. NAME OF 4. DATE Middle Last Month Year DECEASED OF carbon pa (Type or print) LUCY PEARL September 29. BAYNARD DEATH 66 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 5. SEX 9. AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. B. DATE OF BIRTH and last birthday) Months event, Hours Female White 8. Sept 1874 WIDOWED C DIVORCED physician remove 10a. USUAL OCCUPATION (Give kind of work 106. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY dona during most of working life, aven if ratirad)
Housewife Talbet County. Md. USA please .= 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME attending and Dawson Caulk Margaret Denaphin removal, 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT (Yes, no, or unkown) | (Ifyes give war or dates of servica) After this certificate has been signed by the Mrs. John Lewis, Marion, So. 856 permit. Carelin be retained by the hospital or attending physician. 1B. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (s) INTERVAL BETWEEN 0 ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) cremation, the burial-transit Conditions, if any, which gave rise to immediate cause burial, DUE TO (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY detached for use as CERTIFICATION PERFORMED? YES NO A 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e. PLACE OF INJURY (Home, farm, ! 20c. TIME OF INJURY 20d. INJURY OCCURRED I 20f. (City or town) (Stete) Month, Day, Year (County) factory, street, office bldg., etc.) Hour a.m. While Not While DIRECTOR: Dept. at work at work p.m. 8 1922.5 that (1) (we) last 21. I certify that (I) (this hospital) attended the deceased from...... plnods State A.M. from the causes and on the date stated above.190.0, and that death occurred saw the deceased alive on. may SIGNATURE 22b. DATE ATTENDING HOSPITAL FUNERAL page DIRECTOR PHYS. M.D. Page With 220 HISICIAN'S ADDRESS 22d. ector, filed 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) CREMATION, 23ь. DATE THEREOF 2& FO Olivet Michaels, Maryland 1966 Cemetery 250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE ADDRESS VR A15 (4) DATE 20M 5-63

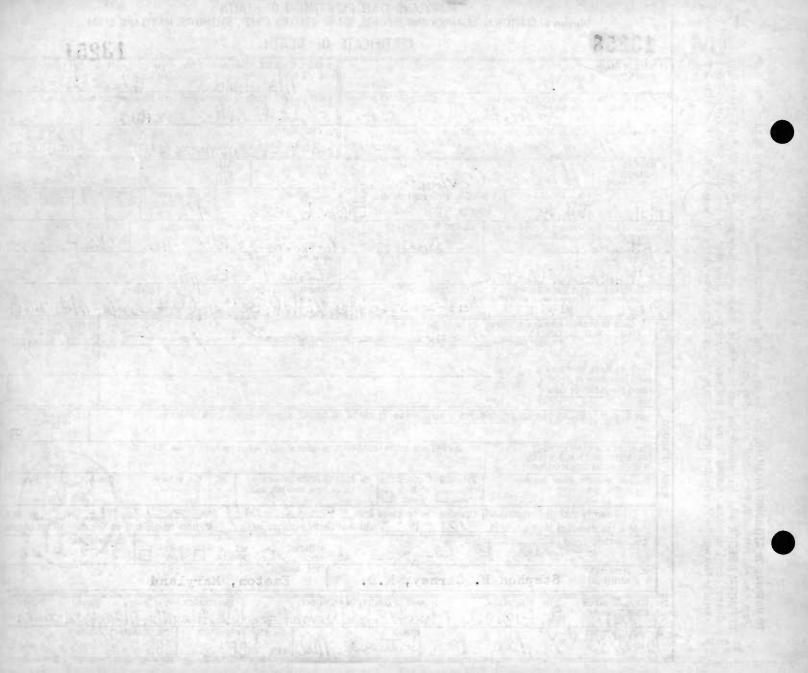
MARYLAND STATE DEPARTMENT OF HEALTH

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ARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence a. COUNTY y is necessary, I director. Page Talbet b. COUNTY ō Marvland Talbet your files. MARYLAND epartment b. CITY OR TOWN (if outside corporata limits. &. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rural - St. Michaels 4 mag St. Michaels Rural d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS a. IS RESIDENCE ON A FARM? funeral retained State after YES NOW 3. NAME OF First Middie 4. DATE Year DECEASED OF ETHEL (Type or print) MARID BRAUER DEATH September 20 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 9. AGE (In years | IF UNDER 1 YEAR) B. DATE OF BIRTH IF UNDER 24 HRS tast birthday) Months Female WIDOWED Dec DIVORCED | 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY done during most of working life, evan if ratired) New York USA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Frank J. Hart Elizabeth Geetz 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Address August Brauer, St. Michaels, Maryland 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). Office along burial-transit ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Cerenary Occulusion IMMEDIATE CAUSE (e) should be Office DUE TO ö Conditions, if eny, which (b) gave rise to Immediate cause Ø DUE TO (a), stating the underlying as pesn cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a), 19, WAS AUTOPSY CERTIFICATION burial Pe PERFORMED? Medical NO V 7 shoul 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Pert I or Part II of item 18.) PRIMARY | or CONTRIBUTING | EXAMINER: prior CAUSE OF DEATH. MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Home, farm, 1 20f. (City or town) (County) (State) factory, street, office bldg., etc.) agent, Whila Not While at work at work DIRECTOR: certifical 0 21. I certify that I took charge of the remains described above, held an Autopsy Inspection Inquiry and in my opinion CAL forwarded Undetermined manner death resulted from: Natural causes Suicide Homicide CHIEF MEDICAL EXAMINER ACTUAL DATE SIGNED should be for FUNERAL 1 ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER ò WELTY, S. M. NAME (Type) Address (Street, city, town, or county) 22a. BURIAL, CREMATION, 22b, DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) REMOVAL (Specify) ₽40 ¥ 1966 Sept Cedar Lawn-Cemetery 240. REC'D BY REGISTRAR PART PREGISTRAR SHONATAR ADDRESS VR A15ME DATES 5M 1/63

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH requires that the death certificate be executed within 24 hours after death completely filled in by the funeral nave carbon papers. Pages 1 and 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) ded o. COUNTY b. COUNT oon papers. Pages 1 within 72 hours after MARYLAND b. CITY OR TOWN (If outside corporate limits c. LENGTH OF STAY IN 1b c. CITY OR TOWN write RURAL and give negrest fawp) e. IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital, give street address), d. STREET ADDRESS NO I 3. NAME OF 4. DATE Year First Day DECEASED (Type ar print) DEATH any even SEX 6. COLOR OR RACE 9. AGE (In years IF UNDER 1 YEAR 7. MARRIED EVER MARRIED remave last birthday) Months Hours DIVORCED WIDOWED 10a. USUAL OCCUPATION (Give kind af wark done 10b. KIND OF BUSINESS OR BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT and in during most of working life, even if retired) INDUSTRY 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME crematian, ar remaval, WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO INFORMANT Address (Yes, na, ar unknawn) (If yes give wor ar dates af service) 213-20-3760 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) INTERVAL BETWEEN signed by the burial-transit p PART I. DEATH WAS CAUSED BY: ONSET AND DEATH IMMEDIATE CAUSE (a) Page 4 may be retained by the haspital ar attending physician. DUE TO burial Conditions, if ony, which gave rise to immediate cause (o), DUE TO stating the underlying couse has been director, page 3 shauld be detached far use as the shauld be filed with the State Dept. of Health priar to last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WAS AUTOPSY PERFORMED? NO TO FUNERAL DIRECTOR: After this certificate YES [20o. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, (City or town) 20c. TIME OF INJURY Manth, Day, Year (County) (State) Hour o.m. foctory, street, office bldg., etc.) While Not While at wark at work 21. I certify that (1) (this hospital) attended the deceased from. _, 19 6 £, that (I) (we) last M, from causes ond an the date stoted abave. sow the deceosed alive an_ ond that death occurred at X 22a. SIGNATURE 22b. DATE SIGNED **ATTENDING** STAFF PHYS. M.D. DIRECTOR PHYS. 22d. ADDRESS 22c. PHYSICIAN'S Stephen P. Carney. M.D. NAME (Type) Easton, Maryland BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMEJERY OR CREMATORY 23d. LOCATION (City of Town) (County) (State) SEMOYAL (Specify) FUNERAL DIRECTOR 2Sq. RECID 2Sb. REGISTRAR'S SIGNATURE VR A15 (4) 20 M 1/66



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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND CERTIFICATE OF DEATH funeral and 2 r death. PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. CDUNTY etely filled in by the furbon papers. Pages 1 and within 72 hours after c b. COUNT MARYLAND b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) hours d. NAME OF HOSPITAL DR INSTITUTION (if not in hospital, give street address) d. STREET AOORESS e. IS RESIDENCE ON A FARM? ND completely carbon NAME OF First DATE Month Day Year DECEASED OF DEATH event, (Type or print) 19 6. CDLDR OR RACE | 7. MARRIEO SEX and cor DATE OF BIRTH 9. ACE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS NEVER MARRIEO last birthday) any Months I Days WIOOWEO IM DIVORCED VIS. 1Da. USUAL DCCUPATION (Give kind of work done nding physician Then please r removar, and in 10b. KIND OF BUSINESS OR INDI/STRY BIRTHPLACE (County & State, or Toreign country) | 12. CITIZEN DF WHAT pe during, most of working life, even if retired) Home certificate 13. FATHER'S NAME MOTHER'S MAJDEN NAME attending remit. Ther 15. WAS DECEASED EVER IN U.S. ARMEO FORCES? the attendit permit. 16. SDCIAL SECURITY ND. INFORMANT Address 0 (Yes, no. or unkown) (If yes give war or dates of service) cremation, 18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c).] burial-transit DNSET AND DEATH PART I. DEATH WAS CAUSEO BY: IMMEDIATE CAUSE (a) signed DUE TD Conditions, if any, which (b) been gave rise to immediate the DUE TD cause (a), stating the prior underlying cause last. has IFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION CIVEN IN PART 1(a) 19. WAS AUTOPSY for use Health certificate PERFORMED? NO TO 20a, ACCIDENT WAS UNDERLYING I DESCRIBE HOW INJURY OCCURREO. (Enter nature of Injury In Part 1 or Part II of Item 18.) After this certif t be detached for State Dept. of H OR CONTRIBUTING CAUSE OF OEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) CAL 20c. TIME OF INJURY Month, Oay, Year 20d. INJURY OCCURREO 2De. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) factory, street, office bldg., etc.) Hour a.m. After d While Not While at work at work 21. I certify that (I) (this hospital) attended the deceased from... 8-30 4. 19 6 6 to 9 -1966. that (1) (we) last DIRECTOR: age 3 should lied with the .19 66. and that death occurred at 333AM, from the causes and on the date stated above. saw the deceased alive on 22a. SIGNATURE 22b. OATE SICNEO page MEO. ATTENOING STAFF OIRECTOR FUNERAL PHYSICIAN'S Robert W. director, p Maryland NAME (Type) BURIAL, OREMATION, 1 23b. OATE THEREDE NAME OF CEMETERYAOR CREMATORY 23d. LDCATION (City, town of (State) 2 REMOVAL (Specify) BURIA FUNERAL OIRECTOR AODRESS REC'O BY RECISTRAR | 25b. VR A15 (4) 20M 1/65

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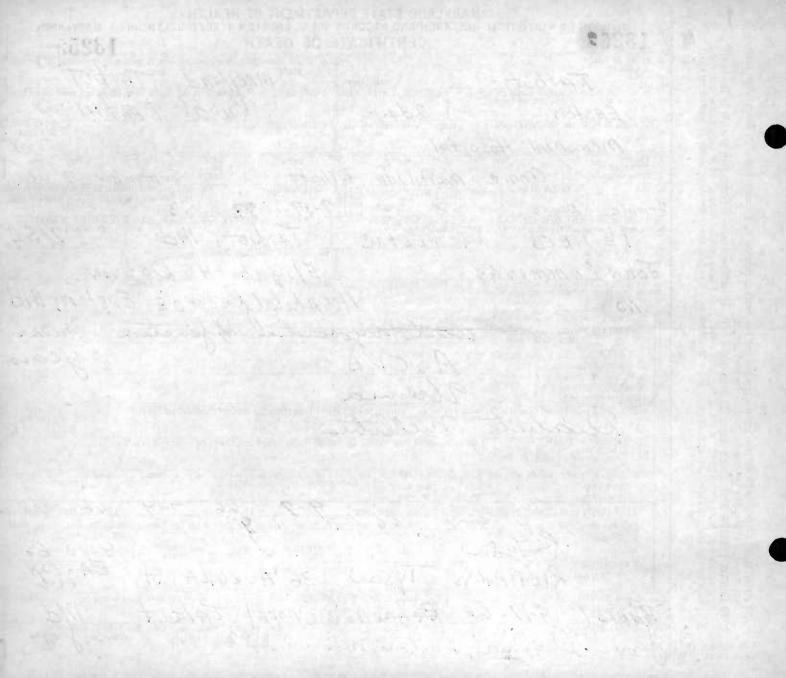
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CEPTIFICATE OF DEATH 13254

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1.	PLACE DF DEATH		- 07475	Where deceased lived, If institution	n: Residence before admission)		
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	b. CITY DR TDWN (if outside corporate limits, write RURAL and give nearest town)	LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outs	lde corporate limits, write RUF	RAL and give nearest town)		
	EASTON	3mous.	Easton		20-1		
	d. NAME OF HOSPITAL OR INSTITUTION (if not in hosp	Ital, give street address)	d. STREET ADDRESS	. Harrison Str	eet e. IS RESIDENCE		
	HOUSE IN THE PINES, INC	C. EASTON	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	" ILO NO		
3.	NAME OF DECEASED (Type or print) (2nn (4)	Middle	Earle 4.	DATE Month DF DEATH 9	12 19 66		
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13	FATHER'S NAME		14. MOTHER'S MAIDEN N				
	Elias O. Dawson		Anna K. Gr	pome			
	5. WAS DECEASED EVER IN U.S. ARMED FDRCES? 16. SO 220		INFORMANT	Johnson, East	ion. Md.		
=	18. CAUSE OF DEATH [Enter only one cause per line			, , , ,	INTERVAL BETWEEN		
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Z	underlying cause last. (c) PART II. DTHER SIGNIFICANT CONDITIONS CONTRIBUTIONS	NG TO DEATH BUT NOT BELAT	TED TO THE TERMINAL DISEA	SECONDITION GIVEN IN PART 1	(a) 119. WAS AUTDPSY		
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	saw the deceased alive on 31 aug	19 66, and that	death occurred at	from the causes and o	n the date stated above.		
	Suply P. Car	nje M.D.	ATTENDING MED.	CTOR STAFF	7-12-66		
	22c. PHYSICIAN'S NAME (Type)	0	22d. ADDRESS				
23		23c. NAME OF CEMETERY	OR CREMATORY 2	23d, LOCATION (City, town or	county) (State)		
	Burial (Specify) 9/14/1966	Spring Hill		Easton, Md.			
24	4. FUNERAL DIRECTOR	ADDRESS	25a. REC'D E	0001	RAR'S SIGNATURE		
11	Maures Eilleunaus S	on GASTON	MI DATE SEP	14 1966	ares Judge		

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral and 2 and 2 death. death. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution; Residence before admission) e. COUNTY MARYLAND CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b papers. The c. CITY OR TOWN (If patiside corporate limits, write RURAL end give nearest town) hours 5400 = d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) filled d. STREET ADDRESS e. IS RESIDENCE ON A FARM? within 72 NO V YES within letely completely ove carbon NAME DE Middle Last 4. DATE Month Day Year DECEASED event, (Type or print) DEATH 1966 and con remove 6. COLOR OR RACE AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. | Hours | Min. DATE OF BIRTH 7. MARRIED NEVER MARRIED 8. any WIDOWED DIVORCED Negro physician in please r = 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT County & State, or foreign country) during most of working life, even if retired) COUNTRYZ death certificate 13. FATHER'S NAME MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMAN Address 16. SOCIAL SECURITY NO. (Yes, no, or unkown) | (If yes give war or dates of service) ne atte 18. CAUSE DF DEATH [Enter only one cause per line for (a) (b), and (c).] INTERVAL BETWEEN burial-transit burial, cremat signed by PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, If any, which (b) gave rise to Immediate has been as the b prior to b DUE TO cause (a), stating the underlying cause last. (c) CERTIFICATION PART II. OFFICE SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY for use Health certificate PERFORMED? NO P YES 20a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) PHYSICIAN: DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury in Part I or Part II of Item 18.) After this certif I be detached for State Dept, of I MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, (State) 20f. (City or town) (County) factory, street, office bldg., etc.) After After And After And After And After Hour a.m. While Not While OR ATTENDING be retained by p.m. 19 at work at work 21. I certify that (I) (this hospital) attended the deceased from DIRECTOR: age 3 should led with the and that death occurred at Man, from the causes and on the date stated above. saw the deceased alive on 22a. SIGNATURE 22b DATE SIGNED ATTENDING STAFF director, page should be filed M.D. DIRECTOR TO HOSPITAL (Page 4 may TO FUNERAL PHYSICIAN'S ADDRES NAME (Type) 50 BURIAL, CREMATION. 23b. DATE THEREOF NAME OF CEMETERY OR CREMATORY 23a. 23c. 23d. LOCATION (City, fown or county) (State) REMOVAL (Speoffy) REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE FUNERAL DIRECTOR conces VR A15 (4)



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	3.	NAME OF DECEASED	First		Middle	Last	4. DATE OF	Month	Dey	Yee	
j		(Type or print)	Lavan				DEATH	9/1	9/66	19	
H	S.	SEX	6. COLOR OR RACE	7. MARRIE	D NEVER MARRIED	B. DATE OF BIRTH	9. AGE	1 . 1 1 1	IF UNDER 1 YEAR		
		F	W	WIDOWE	D X DIVORCED	4/26/66 10	77 89	yrs.	Months Days	Hours	Min.
	10a do	 USUAL OCCUPA ne during most of w 	TION (Give kind of work orking life, even if retire	10b. K	ND OF BUSINESS OR INDUST	RY 11. BIRTHPLACE (Cour	nty & Stete, or foreign	country)	12. CITIZEN C	OF WHAT	OUNTRY?
	l	louse wi				Queen Anne, Md. USA					
	13.	FATHER'S NAME				14. MOTHER'S MAIDEN	NAME		77		
	V	Villiam	D. Wright:	Bon		Martha	A. Thur	sby			
-	15. (Ye	WAS DECEASED E	VER IN U.S. ARMED FOR (If yes give wer or dates of se	CES? 16.	SOCIAL SECURITY NO. 17.	INFORMANT		Address			
	no				none	records of	Home for	r Ag			
			DEATH (Enter only one	cause per l	ine for (e), (b), and (c).]	, ,			IN	TERVAL BET	WEEN
		PARI I. DEA	TH WAS CAUSED BY: IMMEDIATE CAUSE (e)	Cer	zestar ke	at faile	en			2 Day	
		4200	DUE TO			0_,	, ,			_	
	Conditions, if eny, which gave rise to immediate cause (a), stating the underlying cause last.					rater ken	it de	reas		many	de
										- 6	
	z		R SIGNIFICANT CONDI	IONS CON	TRIBUTING TO DEATH BUT NO	OT DELATED TO THE TERMI	NAI DISEASE CONDI	TION GIVE	N IN DART 1(a)	I9. WAS A	LITORSY
n l	10	N	Dealetia		001110	or received to the termina	TAL DISLASE CONDI	11011 0111		PERFO	RMED?
	FIC.	2De ACCIDENT V	AS UNDERLYING []	20h DES	CRIBE HOW INJURY OCCURED	(Enter nature of injury in	Part I or Part II of item	0 18 \		YES	NO 🗌
	CERTIFICATION	OR CONTRIBUTING	CAUSE OF DEATH	200. DES	CRIDE HOW HOOK! OCCORE	, (Line) hardre of injury in	rent for rent it of men	,			
		20c. TIME OF INJ	-1	r 20d.	NJURY OCCURRED 20e. PLA	ACE OF INJURY (Home, farm	n, 2Df. (City or tow	(n)	(County)		(State)
	MEDICAL	Hour e.m.		While	Not While fac	tory, street, office bldg., etc			, ,		
		p.m.	19				10 /	9 /1	1 10 66	1 . (1) (
	W		1 7 (0) (41) 1 5								
	W		that (I) (this hospit							ata chata	above,
	W	saw the decea	that (I) (this hospit		19				and on the d		DATE
	W				19.66, and that	death occured at	A.M, from the	causes a	and on the d		DATE SIGNED
	W	saw the decea 22e. SIGNATURE	Stepher		19.66, and that	ATTENDING PHYS.	A.M, from the	causes a	and on the d		
	W	saw the decea	Alyphur		19.66, and that	death occured at	A.M, from the	causes a	and on the d		
		saw the decea 22e. SIGNATURE 22c. PHYSICIAN NAME (Type	Sed alive on	Sef G	19.66, and that	ATTENDING PHYS. 22d. ADDRESS	A.M, from the	causes a	/	22b	
		saw the decea 22e. SIGNATURE 22c. PHYSICIAN'S NAME (Type	Alefalia DATE THER	Sep.	Carry N 23c. NAME OF CEMETERY	Attending Phys. 22d. Address OR CREMATORY	MED. STADIRECTOR PHY	Causes a	n or county)	22b	SIGNED
0	23a B1	saw the decea 22e. SIGNATURE 22c. PHYSICIAN NAME (Type	Alefalia on	Sep.	Carry, N	ATTENDING PHYS. 22d. ADDRESS	MED. STADIRECTOR PHY	Causes a	/	22b	SIGNED

canadad, 183, 601 maganas LOS W.WELLERAND deen Anne, Fd. USA Thereig .a guitant The Jay D. Heverin Foreres Tomes, Maston, Md.

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

139 FOR STATE HEALTH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) o. COUNTY o STATE b. COUNTY Page and 3 to af death. MARYLAND delay Department c. LENGTH DF STAY IN 16 CITY OR TOWN (If outside corporate limits, outside carparate limits, write RURAL and give nearest town) RURAL and give negrest-town after not in hospital, give street address) d. STREET ADDRESS IS RESIDENCE ON A FARM? haurs Office along with farm in Item 18. Give Pages YES NO 24 hours after death. NAME OF Middle 4. DATE with the Sto within 72 | Last Doy Year DECEASED OF 1966 Type or print DEATH 9. AGE (In years IF LINDER 1 YEAR F UNDER 24 HRS. S. SEX 6. COLOR OR RACE 7. MARRIED lost birthdoy) Months Hours Days NEGRO WIDDWED DIVDRCED 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY COUNTRY? ETIRET Chief Medical Examiner's page; pencil 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME be executed within and 16. SDCIAL SECURITY NO 17. INFORMANT (Yes, no, ar unknown) (If yes give wor or dotes of service remayal. 18. CAUSE OF DEATH (Enter only one couse per line for (o)
PART I. DEATH WAS CAUSED BY: INTERVAL BETWEEN ONSET AND DEATH ar IMMEDIATE CAUSE (o) This certificate should e, writing the ward farwarded ta the Cl burial, crematian, DUF TO Conditions, if ony, which gove rise to immediate couse (o), DUE TO stoting the underlying couse as nsed 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) CERTIFICATION NO 54 certificate, designated agent, priar ta pe 20o. EXTERNAL CAUSE WAS 20b, DESCRIBE HOW INJURY DCCURRED. (Enter noture of injury in Port I or Port II of item 18.) PRIMARY Or CONTRIBUTING CAUSE OF DEATH. 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Home, form, (City or town) (County) (Stote) Hour o.m. foctory, street, office bldg., etc.) Not While FUNERAL DIRECTOR: Page please execute of work ot work 21. I certify that I took charge af the remains described above, held an Autapsy Inspection K Inquiry and in my apinian the funeral directar. death resulted from: Natural causes Accident Suicide Hamicide Undetermined manner be retained CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED or its ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER **EXAMINER'S** Health Address (Street, city, town, or county) NAME (Type) 23d. LOCATION (City or Town) BURIAL, CREMATION, DATE THEREOF NAME OF CEMETERY OR CREMATORY (Stote) 0 25b. REGISTRAR'S SIGNATURE 2So. REC'D BY REGISTRAR FUNERAL DIRECTOR VR A15ME (5) 6M 1/66

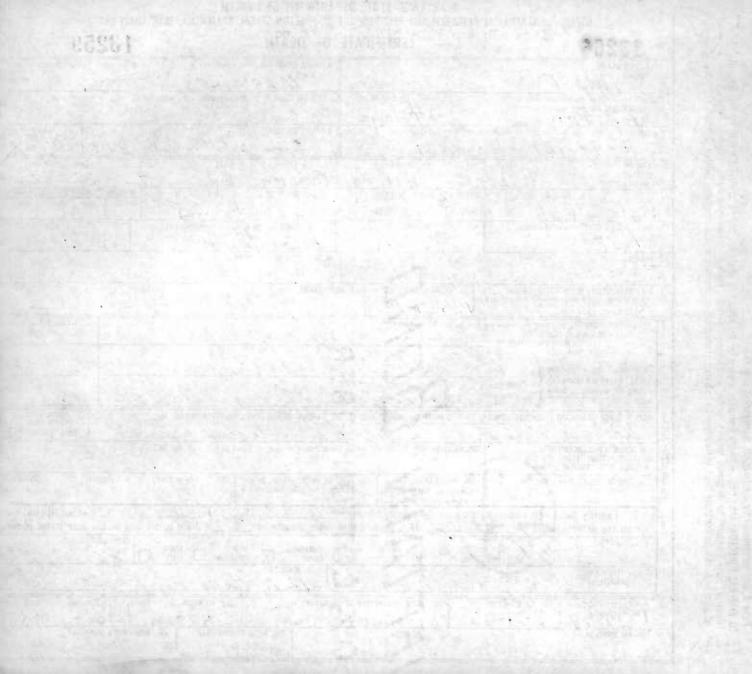
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Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S FOR STATE HEALTH DEPT PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission a. COUNTY Talbox b. COUNTY Talbox MARYLAND b, CITY OR TOWN (if outside corporete limits. 6. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporete limits, write RURAL and give necrest town) write RURAL and give nearest town) ordova Kondovax Caston d. STREET ADDRESS IS RESIDENCE ON A FARM? YES NO IX 3. NAME OF Middle 4. DATE DECEASED OF James Otis Faulkner. Sr. DEATH B. DATE OF BIRTH 9. AGE (In years | IF UNDER 1 YEAR lest birthdey) Months male WIDOWED 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) done during most of working life, even if reflect the Taylor Truck driver for the part factors, Jac. 1 12. CITIZEN OF WHAT COUNTRY USA 13. FATHER'S NAME Otis Faulkner Anna Brooks 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. | 17. INFORMANT (Yas, no, or unkown) | (If yes give we ror datas of servica) Mrs. James O. Faulkner, Cordova. Md. no 18. CAUSE OF DEATH [Enter only one sause INTERVAL BETWEEN Office along ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a DUE TO Conditions, if any, which gave rise lo Immedieta cause DUE TO (a), steting the undarlying PART IL OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) CERTIFICATION PERFORMED? NO I plnods 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Pert I or Pert II of item 18.) PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (Stete) fectory, street, office bldg., atc.) While Not While at work et work 21. I certify that I took charge of the remains described above, held an Autopsy 📈 Inspection 🗍, Inquiry and in my opinion Suicide X death resulted from: Natural causes Accident Homicide Undetermined manner CHIEF MEDICAL EXAMINER lease execute the should be for the FUNERAL I ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE 6 **EXAMINER'S** NAME (Type) Address (Street, city, town, or county) 4 shoul Health 22a, BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) REMOVAL (Specify) Woodlawn Memorial Park Burial caston. 23. FUNERAL DIRECTOR VR A15ME NEUNAM & SON. Easton, Md. 5M 1/63

COMES LINES AND HERBERT. - D- Marie Walls & College My College For South in Sunstal are weeden

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 Item #2b & c Film CERTIFICATE OF DEATH be executed within 24 hours after death. the funeral PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. COUNTY a. STATE b. COUNTY MARYLAND filled in by the Pages 1 b. CITY OR TOWN (If outside corporate limits. c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If potside carparate limits, write RURAL and give nearest tawn) write RURAL and give negrest town) and in any event, within 72 hours Easton d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS IS RESIDENCE ON A FARM? YES NO 3. NAME OF remove corbon DATE Last Month Day Year completely DECEASED OF DEATH (Type or print) 19 SEX 6. COLOR OR RACE 9. AGE (In years IF UNDER YEAR NEVER MARRIED Manths Days Hours WIDOWED DIVORCED and 10a. USUAL OCCUPATION (Give kind of work done during mort of working life, even if retired) 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT egse COUNTRY? the offending physical sit permit. Then please requires that the deoth certificate 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME burial, cremotion, or remova WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMAN (Yes, no, or unknown) (If yes give war or dates of service CAUSE OF DEATH (Enter only one couse per line for (a), (b), PART I. DEATH WAS CAUSED BY: INTERVAL BETWEEN burial-transit ONSET AND DEATH IMMEDIATE CAUSE (a) signed by DUE TO Canditians, if any, which gave (b) rise to immediate cause (a), DUF TO stating the underlying cause be retained by the hospitol or ottending **TO FUNERAL DIRECTOR:** After this certificate has been director, page 3 should be detached for use as the should be filed with the Stote Dept. of Health priar to last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT/RELATED TO THE JERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPS'
PERFORMED? NO ATTENDING PHYSICIAN 20a. ACCIDENT WAS UNDERLYING 205. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part II of Jem 1B.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, 20f. (City or town) (County) (State) Haur a.m. While Not While factory, street, office bldg., etc.) at work 21. I certify that (1) (this hospital) attended the deceased from 19/16, and that death occurred at 3 M, from causes and on the dote stated obave. sow the deceosed alive an. 22a. SIGNATURE 22b. DATE SIGNED ATTENDING PHYS. STAFF PHYS. M.D. DIRECTOR 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) BURIAL, CREMATION, 23b. DATE THEREOF NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town (County (State) FUNERAL DIRECTOR **ADDRESS** 2Sa. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE 20 M 1/665

MARYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral and 2 death PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) a. CDUNTY b. COUNTY hours after MARYLAND b. CITY OR TOWN (if outside corporate limits. c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) completely filled in by t ove carbon papers. Page event, within 72 hours a write RURAL and give nearest town) RAL d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) e. IS RESIDENCE ON A FARM? d. STREET ADDRESS ITTLE MT. HOPE FARM YES NO DE WOK executed within NAME OF First Middle DATE Month Day Last 4. DECEASED DEATH (Type or print) Dure 19 HOM AS 5. SEX AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. last birthday) | Months | Days | Hours | Min. 6. CDLOR OR RACE DATE OF BIRTH 8. 7. MARRIED NEVER MARRIED Months I Days and and in any WIDOWED [DIVORCED [12. CITIZEN DF WHAT 10a. USUAL DCCUPATION (Cive kind of work done | 10b. KIND DF BUSINESS DR 11. BIRTHPLACE (County & State, or foreign country) physician pe faring most of working life, even if retired) COUNTRY? UTOMOT death certificate removal, FATHER'S NAME 14. MOTHER'S MAIDEN NAME STEWART HALLOWELL WESLEY 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. | 17. INFORMANT LITTLE MT. HOPE TARM (Yes, no, or unknwn) | (If yes give war or dates of service) 1211-30-8063MRS GLENNT. HALLOWELL RAPPE the 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). INTERVAL BETWEEN burial-transit burial, cremat requires that the DNSET AND DEATH PART I. DEATH WAS CAUSED BY: 314 IMMEDIATE CAUSE (a) been signed DUE TO Cenditions, If any, which gave rise to immediate the r DUE TO cause (a), stating the has be as the prior t underlying cause last. (c) PART II, DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION CIVEN IN PART 1(a) 119. WAS AUTDPSY for use Health use PERFORMED? certificate YES I NO PHYSICIAN: 20a. ACCIDENT WAS UNDERLYING [20b. DESCRIBE HOW INJURY DCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) DR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL (State) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY DCCURRED 20e. PLACE DF INJURY (Home, farm, 20f. (City or town) (County) factory, street, office bldg., etc.) Hour a.m. Not While After While p.m. at work at work should 21. I certify that (I) (this hospital) attended the deceased from 1966 1966, that (1) (we) last olRECTOR: age 3 should iled with the and that death occurred at 38M, from the causes and on the date stated above. saw the deceased alive on 22a. SIGNATURE 22b. DATE SIGNED ATTENDING PHYS. STAFF PHYS. page alles Du DIRECTOR M.D. O HOSPITAL TO FUNERAL director, pi PHYSICIAN'S 22d. ADDRESS NAME (Type) Page (State) BURIAL CREMATION. 23b. DATE THEREOF NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) REMOVAL (Specify) 1966 SPRING EASTON REC'D BY REGISTRAR! 25b. 24. FUNERAL DIRECTOR ADDRESS VR AIS (4)

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MARYLAND STATE DEPARTMENT OF HEALTH

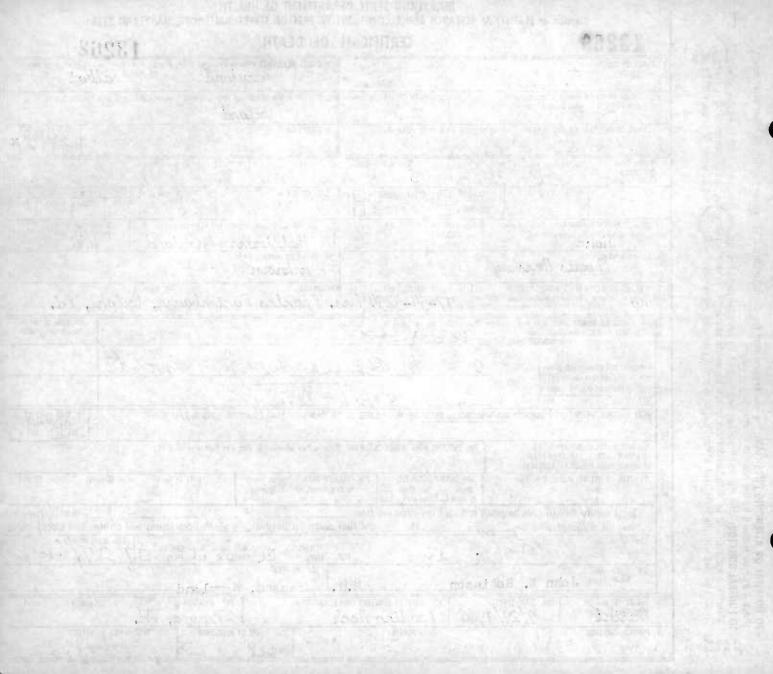
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MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

	13259	CERTIFICATE	OF DEATH	1326	32				
	1. PLACE OF DEATH O. COUNTY TAIDOT	MARYLAND	2. USUAL RESIDENCE (Where dece o. STATE Marylan		bot before odmissian)				
	b. CITY OR TOWN (If outside carparate limits, write RURAL and give nearest tawn)	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If autside carpo	rate limits, write RURAL and give					
7	d. NAME OF HOSPITAL OR INSTITUTION (IF not in h	aspital, give street address)	d. STREET ADDRESS	20	e. IS RESIDENCE ON A FARM? YES NO				
	3. NAME OF First DECEASED (Type or print) CARL	TON S H	Lost 4. DATE OF DEAT	9	Doy Year 2 6 6				
	S. SEX 6. COLOR OR RACE 7. N		a DATE OF BIRTH aug. 31, 1901	9. AGE (In years IF UNDER 1	YEAR IF UNDER 24 HRS. Doys Haurs Min.				
	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (County & Stote, or Baltimore	fareign country) 12. CITI COU	ZEN OF WHAT				
	13. FATHER'S NAME Thomas Henshey		14. MOTHER'S MAIDEN NAME unknown						
	1S. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, grunknown) (If yes give wor or dotes of serv	16. SOCIAL SECURITY NO. 17. IN 16. 217-54-5254 Mrs.	rformant s. Charles Forte	enbaugh, Oxford	d, Md.				
	1B. CAUSE OF DEATH (Enter only one couse per PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if ony, which gave)	uremia	-ah Hyplotis	2 Sociate	INTERVAL BETWEEN ONSET AND DEATH				
	rise to immediate cause (a), stoting the underlying couse (c) Supra Ceptos long.								
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRI	BUTING TO DEATH BUT NOT RELATED TO THE	HE TERMINAL DISEASE CONDITION GI	VEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED? YES NO				
	20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	205. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I ar P	art II af item 1B.)					
	20c. TIME OF INJURY Manth, Doy, Year Haur o.m. p.m. 19	While at wark factor	E OF INJURY (Home, farm, 20f. ary, street, office bldg., etc.)						
	21. 1 certify that (I) (this haspital) attended the deceased fram								
	220. SIGNATURE 220. STAFF PHYS. DIRECTOR PHYS. P								
ĺ	230. BURIAL, CREMATION, 23b. DATE THEREOF 9/29/1	966 Landing Nec	REMATORY 23d.	LOCATION (City or Town) (County) (Stote)				
	24 FUNERAL DIRECTOR E. Neuron	und Sen EAston	MO DATSEP 3 0	TRAR 25b. REGISTRAR'S SIG					

VR A15 (4) 20 M 1/66



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. COUNTY MARYLAND b. CITY OR TOWN (If outside carporate limits, c. LENGTH OF STAY IN 1b write RURAL and give nearest town IS RESIDENCE ON A FARM? (If not in haspital/ give street address) d. STREET ADDRESS NO 4. DATE 3. NAME OF First Middle Manth Doy Year Last DECEASED (Type ar print) DEATH AGE (In years IF UNDER TYEAR IF UNDER 24CHRS 6. COLOR OR RACE 7 MARRIED NEVER MARRIED birthdoy) last Months Hours Dovs WIDOWED DIVORCED 12. CITIZEN OF WHAT 10b. KIND OF BUSINESS OR 11 RIRTHPLACE (County & State, or foreign country) during most of working life, even if retired) COUNTRY? 00 0 FATHER'S NAME 14 MOTHER'S MAIDEN NAM 17. INFORMANT WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO (Yes, no, or unknown) (If yes give war or dates af service INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gove rise to immediate couse (o), DUE TO stating the underlying couse 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) NO 20g. ACCIDENT WAS LINDERLYING [7] 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER (County) (State)

20c. TIME OF INJURY Manth, Day, Yeor Hour a.m.

23b.

DATE THEREOF

20d. INJURY OCCURRED Not While at wark at work

(City or tawn)

20e, PLACE OF INJURY (Hame, farm, foctory, street, office bldg., etc.) 21. I certify that (I) (this hospital) attended the deceased fram

saw the deceased olive on. 22a. SIGNATURE

NAME (Type)

BURIAL CREMATION

REMOVAL (Specify)

FUNERAL DIRECTOR

~ ADDRESS

NAME OF CEMETERY OR CREMATORY

M.D.

ATTENDING PHYS.

DIRECTOR

23d. LOCATION (City or Town)

and that death occurred at 1752M, from causes and an the date stated above.

22b. DATE SIGNED

2Sb. REGISTRAR'S SIGNATURE

22c. PHYSICIAN'S

last.

CERTIFICATION

Robert W. Trever, M.D.

22d. ADDRESS Easton, Md.

2Sa. REC'D BY REGISTRAR

(County)	(State)
	Ma
	1110

VR A15 (4)

O FUNERAL DIRECTOR: After this certificate hos been

Page 4 may be retained by the haspital ar

death.

completely filled in by the funeral

physician

vithin 72 hours after

crematian, ar removal, and in

burial,

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director, page should be filed

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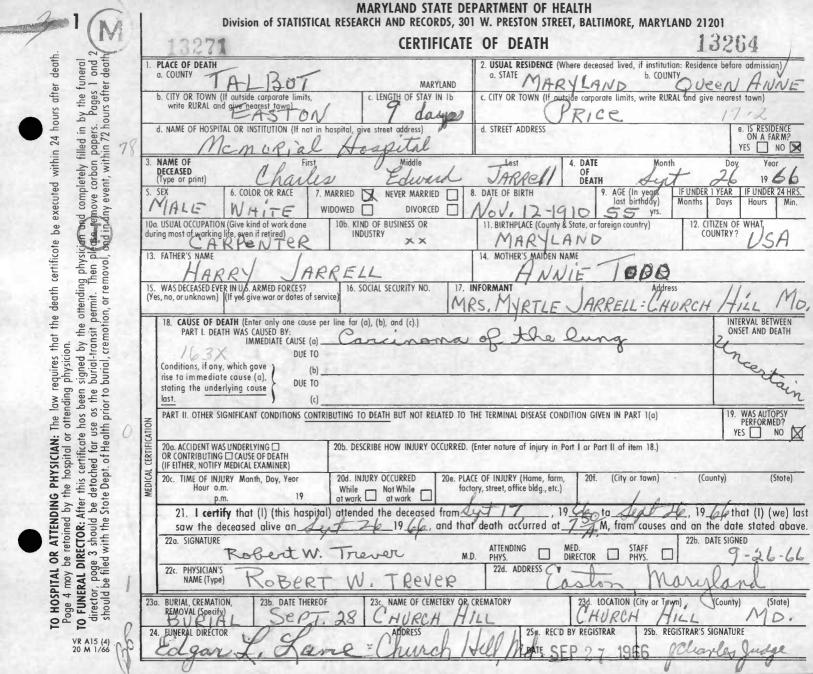
signed by the burial-transit p

requires that

SEX

the death certificate be executed within 24 haurs after death

.C. d , caver . Trickly . D. D. .BH , godale The second of the second of the the state of the s



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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH death. PLACE DF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY b. COUNTY after MARYLAND and completely filled in by the emove carbon papers. Pages any event, within 72 hours aft CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) hours Denton da d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) e. IS RESIDENCE ON A FARM? d. STREET ADDRESS MoViat NO 2 within 3. NAME OF First Middle Last DATE Day Month Year DECEASED (Type or print) DEATH 19 6. COLOR OR RACE | 7. MARRIED 5. SEX DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS NEVER MARRIED last birthday) Months I Davs Hours temale WIDOWED V 00 DIVORCED 5 10a. USUAL OCCUPATION (Give kind of work done) plear 10b. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? 11. BIRTHPLACE (County & State, or foreign country) be during most of working life, even if retired) touseunte certificate 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Minnie 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address death (Yes, no, or unkown) | (If yes give war or dates of service) Same 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). INTERVAL BETWEEN n signed by burial-transit burial, crem ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) attending physician. DUE TO Conditions, If any, which (b) has been gave rise to immediate DUE TO cause (a), stating the prior underlying cause last. (c) CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY for use Health p PERFORMED? certificate YES | NOV PHYSICIAN: 20a. ACCIDENT WAS UNDERLYING ! DESCRIBE HOW INJURY OCCURRED, (Enter nature of Injury in Part I or Part II of Item 18.) After this certif I be detached for State Dept. of I OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) factory, street, office bldg., etc.) Hour a.m. While at work Not While p.m. at work 1966 21. I certify that (I) (this hospital) attended the deceased from. DIRECTOR: age 3 should led with the .19 66, and that death occurred at 150M, from the causes and on the date stated above. saw the deceased alive on. 22a. SIGNATURE 22b. DATE SIGNED STAFF -24-66 M.D. DIRECTOR PHYS. PHYS. HOSPITAL TO FUNERAL PHYSICIAN'S 22d. ADDRESS director, NAME (Type) Robert W. Irever should 23d. LOCATION (City, town or county) 23a. BURIAL, CREMATION, 23b. 23c. NAME OF CEMETERY OR CREMATORY (State) DATE THEREOF REMOVAL (Specify) ltimore, Md. 26 emeteru Burial Parkwood FUNERAL DIRECTOR 25a. REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE VR A15 (4)

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MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) o. STATE Maryland a. COUNTY b. COUNTY lbot MARYLAND b. CITY OR TOWN (If autside carparate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) write RURAL and give nearest town) Sherwood d. STREET ADDRESS e. IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) Box 21665 YES NO [3. NAME OF First Middle Last 4. DATE Year DECEASED (Type ar print) DEATH SEX 6. COLOR OR RACE IF UNDER 1 YEAR IF UNDER 24 HRS 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH AGE (In years last birthday) Manths Feb. 6, 1899 Female Whi te WIDOWED DIVORCED 10a, USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT during mast of working life, even if retired)
Housewife COUNTRY? INDUSTRY Baltimore, Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Shipley Doudiken, Sr. Edward 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no ar unknown) (If yes give war or dates at service) Mr. Stewart R. Kennard same address CAUSE OF DEATH (Enter only one cause per line for (a), PART I. DEATH WAS CAUSED BY: INTERVAL BETWEEN IMMEDIATE CAUSE (a) DUE TO Canditians, if any, which gave rise ta immediate cause (a) DUE TO stating the underlying cause last. PART JY. OTHER SIGNIFICANT CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISCOSE CONDITION GIVEN IN PART (a) 19. WAS AUTOPSY PERFORMED? NO 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING (CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, (City or town) (County) (State) Haur a.m. factory, street, office bldg., etc.) Nat While 19 at wark at wark 21. I certify that (I) (this hospital) offended the deceased fram P.M. fram causes and an the date stated above. saw the deceased alive an and that death accurred at 22a. SIGNATURE 22b. DATE SIGNED STAFF DIRECTOR PHYSICIAN'S 22d. ADDRESS NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23a. BURIAL CREMATION 23b. DATE THEREOF 23d. LOCATION (City or Town) (County) (State) REMOVAL (Specify) 2Sa. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR

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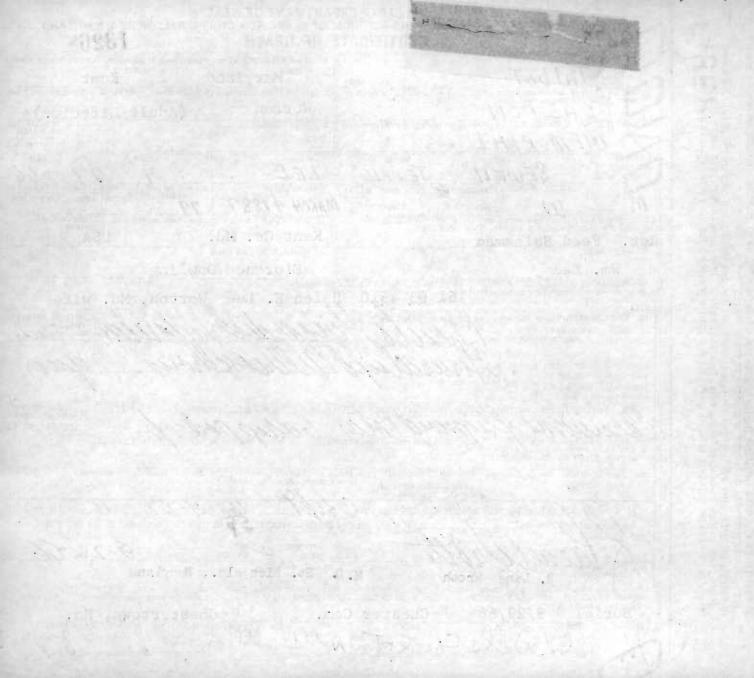
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Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARY MEDICAL EXAMINER'S FOR STATE HEALTH TIERT 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If institution: Residence before edinission) . COUNTY b. COUNTY AROLINE e. STATE MARYLAND Department b. CITY OR NOWN (if outside corporate limits, S. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside sorporete limits, write RURAL end give neerest town) d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street eddress) e. IS RESIDENCE ON A FARM R.F.D. # Route 50 retained NO 3. NAME OF William Theodone Middle 4. DATE DECEASED OF (Type or print) DEATH 6. COLOR OR RACE 7. MARRIED THEYER MARRIED 8. DATE OF BIRTH 9. AGE (In years | IF UNDER 1 YEAR) IF UNDER 24 HRS may ast birthday) Months Deys WIDOWED DIVORCED N 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) uted within 24 hours after them 18. Give Pages 1, 2, with form PM3. Page 5 12. CITIZEN OF WHAT COUNTRY done during most of working life, even if retired) U.S.A. Trenton, New Jersey roads board netined 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Unknown Unknown 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. | 17. INFORMANT Address (Yes, no, or unkown) | (Ifyesgivewerordetesofservice) 218-12-1478 Mrs. Sarah L. Kraus, Preston, Maryland R.F.D. in Item 18. CAUSE OF DEATH [Enter only one seuse per line for (e), (b), end (c).) INTERVAL BETWEEN Office along burial-transit ONSET AND DEATH PART I. DEATH WAS CAUSED BY: oronary occlusion in pencil IMMEDIATE CAUSE (e) DUE TO Conditions, if env. which cremation, "pending" gave rise to Immediate cause Ø Examiner's DUE TO as (e), steting the underlying cause lest. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e): 19. WAS AUTOPSY CERTIFICATION pe burial, the certificate, writing the word rwarded to the Chief Medical E DIRECTOR: Page 3 should be PERFORMED? NO T 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Pert I or Pert II of item 18.) prior to PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. CAL 20c. TIME OF INJURY Month, Dey, Yeer 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 1 20f. (City or town) (County) (State) Hactory, street, office bldg., etc.) MEDI Not While be forwarded to the et work et work 21. I certify that I took charge of the remains described above, held an Autopsy , Inspection Inquiry and in my opinion DICAL designated death resulted from: Natural causes Accident Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER lease execute the should be form ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE 113 LOR DEPUTY MEDICAL EXAMINER ŏ EXAMINER'S NAME (Type) 4 should O FUN Health Address (Street, city, town, or county) 22e. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) 9/9/66 Junior Order Cemetery Near Preston, Maryland ADDRESS 24e. REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE VR AISME Son, Federalsburg, Md. ramptom and SM 1/63

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MARYLANT, STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral and 2 and 2 death. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY a. STATE Maryland b. COUNTY after Kent MARYLAND b. CITY OR TOWN (if outside corporate limits, c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b and in any event, within 72 hours write RURAL and give nearest town) hours Worton (Adult Lifetime) filled d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) e. IS RESIDENCE ON A FARM? d. STREET ADDRESS K KON YES executed within and completely remove carbon 3. NAME OF Middle Last 4. DATE Month Day DECEASED JEWELL (Type or print) DEATH 19 6. COLOR OR RACE AGE (In years | IFUNDER 1 YEAR | IF UNDER 24 HRS. last birthday) | Months | Days | Hours | Min 5. SEX 8. DATE OF BIRTH 7. MARRIED NEVER MARRIED WIDOWED [DIVORCED | 1Da. USUAL OCCUPATION (Give kind of work done | 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT 11. BIRTHPLACE (County & State, or foreign country) during most of working life, even If retired) COUNTRY? Kent Co. Md. USA Feed Salesman 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME attending parmit. Then Wm. Lee Florence Dowling 17. INFORMANT 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. | 0 death (Yes, no, or unknwn) | (If yes give war or dates of service) en signed by the attu-burial-transit permi burial, cremation, o 03 Helen E. Lee Worton, Md. 18. CAUSE DF DEATH [Enter only one cause, per line for (a), (b), INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Cenditions, If any, which gave rise to immediate cause (a), stating the underlying cause last. has PART)I. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY for use Health PERFORMED? YES [NO 2Da. ACCIDENT WAS UNDERLYING Db. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year 2Dd. INJURY OCCURRED | 2De. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) factory, street, office bldg., etc.) Hour a.m. While Not While at work at work 21. I certify that (I) (this hospital) attended the deceased from DIRECTOR: age 3 should ifed with the and that death occurred at 5.5 M, from the causes and on the date stated above. saw the deceased alive on 22b. DATE SIGNED 22a. STAFF DIRECTOR M.D. ADDRESS Maryland FUNERAL director, p NAME (Type) Wroth Lane 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify) 29 166 Chester Cem. Chestertown, Md. ADDRESS REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE FUNERAL DIRECTOR 25a. VR AIS (4) DATE



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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DERE PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution; Residence before admission) o. COUNTY O. STATE MARYTIAND b. COUNTY XCKACHOCK FOWER TALBOT ond 3 to M3. Page of degth. MARYLAND Talbot b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and givernosent town ofter DOA XPRESTON. Trappe d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE form hours ON A FARM? MEMORIAL HOSPITAL Give Pages ate YES NO F after deoth. 3. NAME OF with the Stowithin 72 4. DATE Lost Month Year DECEASED 19 66 SEPT. 15 (Type or print) DEATH 5. SEX 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. 6. COLOR OR RACE 7. MARRIED NEVER MARRIED DATE OF BIRTH 59 birthdoy) white Months male Hours WIDOWED DIVORCED hours event 10b. KIND OF BUSINESS OR 10o. USUAL OCCUPATION (Give kind of work done BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT during most of working live, even if retired) COUNTRY 24 ony Hercken 13. FATHER'S NAME MOTHER'S MAIDEN NAME be executed within pencil _ File and 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. INFORMANT Address (Yes, ne, ocymknown) (If yes give wor or dotes of service) removal. 21.5-18-4/16 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c), INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY: ONSET AND DEATH Coronary occlusion of prior Coronary 0 IMMEDIATE CAUSE (o) certificate should e, writing the word forworded to the Ci cremotion, DUE TO insufficiency Conditions, if ony, which gove rise to immediate couse (a), DUE TO stoting the underlying couse buriol, PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) 19. WAS AUTOPSY PERFORMED? please execute the certificate. NO X YES ogent, prior to 20o. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) PRIMARY Or CONTRIBUTING CAUSE OF DEATH 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Home, form, (City or town) (County) (Stote) Not While foctory, street, office bldg., etc.) moy be retoined for your FUNERAL DIRECTOR: Page 1966 ot work ot work 21. I certify that I took charge of the remains described above, held on Autopsy Inquiry X Inspection ond in my opinion Suicide deoth resulted from Notural couses x Accident Homicide Undetermined monner CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE TO DEPUTY 9-15-66 0 for DEPUTY MEDICAL EXAMINER & **EXAMINER'S** Welty Address (Street, city, town, or county) NAME (Type) 230 BURIAL TREMATION 23c. NAME OF CEMETERY OR CREMATORY 23b. DATE THEREOF 23d. LOCATION (City of Town) (County) (Stote) 0 REMOVAL (Specify) Veltal Memorial Caalon 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR/ 2So. REC'D BY REGISTRAR VR ATSME (SA SEP 1966 6M 1/66

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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 12979

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238. BURIAL, CREMATIC	ON, 236. DATE THEREO	F	23c. NAME OF CEMETERY	OR CREMATORY	23d. LOCATION	(City, town	or county)	(5	itate)
BURTAT.	9/27/201	20	ST. ANDREW	CEMETERY	PRINCI	ESS A	NNE.MD		
24 FUNERAL DIRECTOR	9/27/196 S SIGNATURE	00	ADDRESS		C'D BY REGISTRAR		TRAR'S SIGNA	TURE	
LEVIN R.		PRTN		MD. DATE O	CT 3 195	177	Marley	Judg	L
		4444	CALLY TITLE	DATE DATE	U	11		11 11	

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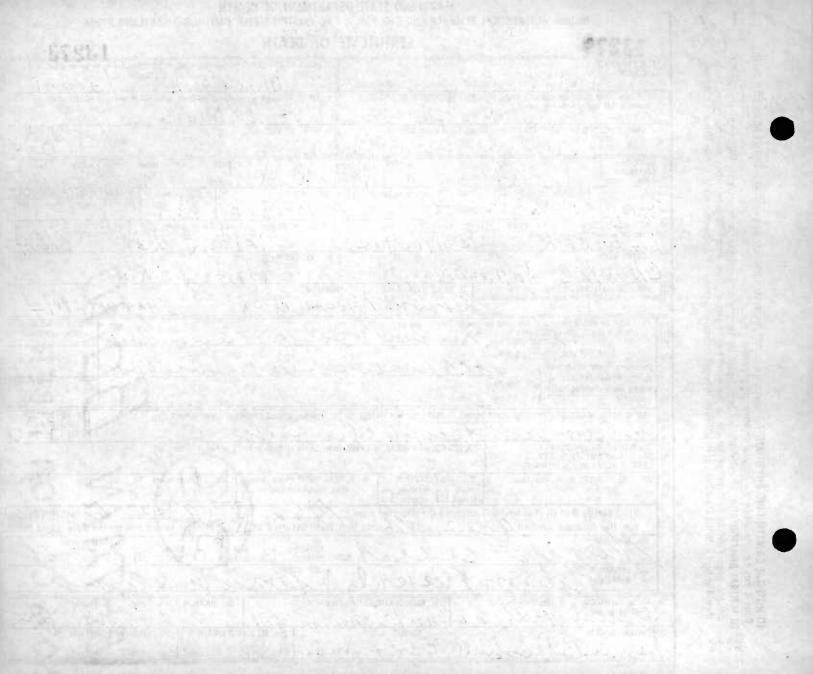
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BURING 8/87/1966 ST. GHIREW CENTERY | PRINCESS ARES, NO.

LEVIL R. WIESON PRINCESS ANNE, NO.

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH Item #7 Film requires that the death certificate be executed within 24 hours after death. by the funeral Pages 1 and PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission a. COUNTY a. STATE b. COUNTY event, within 72 hours after MARYLAND b. CITY OR TOWN (If autside carparate limits, c. LENGTH OF STAY IN 1b outside carporate limits, write RURAL and give nearest tawn) c. CITY OR TOWN (If write RURAL and give nearest tawn) filled in I d. NAME OF HOSPITAL e. IS RESIDENCE ON A FARM? OR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS NO YES remove corbon NAME OF Middle First 4. DATE Manth Day Year Last d. completely DECEASED OF 19 DEATH (Type or print) 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. 6. COLOR OR RACE 7. MARRIED NEVER MARRIED DATE OF BIRTH birthday) Manths Days Haurs WIDOWED DIVORCED 12. CITIZEN OF WHAT 10a, USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) andina during most of working life, even if setjred) COUNTRY? the ottending physician sit permit. Then pleas 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME buriol, cremation, or removal, 5 Address WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. INFORMANT (Yes, na, ar unknawn) (If yes give war ar dates af service) INTERVAL BETWEEN CAUSE OF DEATH (Enter only one cause per line for (a), (b), ONSET AND DEATH buriol-transit PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) signed by be retoined by the haspital or ottending physicion. DUE TO Canditians, if any, which gave rise ta immediate cause (a) DUF TO use as the l stating the underlying cause hos been last. 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(g) CERTIFICATION NO YES this certificate OL 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I ar Part II af item 18.) 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH be detached (IF EITHER, NOTIFY MEDICAL EXAMINER) State Dept. MEDICAL 20c. TIME OF INJURY Manth, Day, Year 20d INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, (City or town) (County) (State) Haur a.m. factory, street, affice bldg., etc.) Nat While After at wark 21. I certify that (1) (this haspital) attended the deceased fram be filed with the and that death accurred at 1 O FUNERAL DIRECTOR: saw the deceased alive an_ M, fram causes and an the date stated above. 22a. AGNATURE **DATE SIGNED** ATTENDING PHYS. PHYS. DIRECTOR 22d. ADDRES 22c. PHYSICIAN'S NAME (Type) director, should by 23c. NAME OF CEMELERY OR CREMATORY 23d, LOCATION (City or Town). BURIAL, CREMATION (County) (State) 2Sa. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR ADDRESS VR A15 (4) 20 M 1/66



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 13274 CERTIFICATE OF DEATH campletely filled in by the funeral nave carban papers. Pages 1 and 2 nevent. within 72 hours after death. requires that the death certificate be executed within 24 hours after death 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission)/ o. COUNTY___ o. STATE b. COUNTY signed by the attending physician and campletely filled in by the fur burial-transit permit. Then please remave carban papers. Pages 1 burial, crematian, or remaval, and in any event, within 72 hours after MARYLAND Maryland Dorchester b. CITY OR TOWN (If autside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside carparate limits, write RURAL and give nearest town) write RURAL and give nearest town) & Vienna d. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES 🗍 NO NAME OF Anna Josephine Moore 4. DATE Year Day DECEASED OF (Type or print) ore DEATH 6. COLOR OR RACE IF UNDER 1 YEAR 8. DATE OF BIRTH IF UNDER 24 HRS. 7. MARRIED NEVER MARRIED AGE (In years last birthday) Female White Months Days Haurs July 15,1877 WIDOWED DIVORCED 26 10a. USUAL OCCUPATION (Give kind af wark done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (Caunty & State, ar fareign country) 12. CITIZEN OF WHAT during most of working life, even if retired)
Housework COUNTRY? Home Charleston, South Carolina USA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Frank Stillson Carrol1 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT Address (Yes, ng. or unknown) (If yes give war ar dotes of service Unknown No Vienna, Maryland Lawrence R. Moore 18. CAUSE OF DEATH (Enter only one cause per PART 1. DEATH WAS CAUSED BY: INTERVAL BETWEEN (pt. (b) and (c).) ONSEL AND DEATH IMMEDIATE CAUSE (a) be retained by the haspital ar attending physician. DUE TO Canditians, if any, which gave rise ta immediate couse (a), DUE TO stating the underlying couse **D FUNERAL DIRECTOR:** After this certificate has been director, page 3 shauld be detached far use as the shauld be filed with the State Dept. af Health priar ta last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? CERTIFICATION NO ATTENDING PHYSICIAN: 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e. PLACE OF INJURY (Hame, farm, 20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED (City or town) (County) (State) factory, street, office bldat etc.) Hour a.m. While Nat While at wark L at wark TO FUNERAL DIRECTOR: After certify that (1) (this haspital attended the deceased and that death accurred at 219 spw the deceased alive an M. fram causes and an the date stated above. SIGNATURE DATE SIGNED 22b. STAFF PHYS. M.D. PHYS. DIRECTOR 22d. ADDRESS 22c PHYSICIAN'S NAME (Type) R. Lane Wroth St. Michaels, Maryland M. D. 23a. BURIAL CREMATION. 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (Stote) (County) September14,1966 Miami City Cemetery 1 250. REC'D BY REGISTRAR REMOVAL (Specify) Miami Removal Florida 2Sb. REGISTRAR'S SIGNATURE

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on in quasi-030000 - Partice sort Charleston, South Carolina Win THE STATE OF Frank Little Anaxi Unknown Laurence T. Moore Vionna, Meryland THE STATE OF THE REAL PROPERTY. bundlend of temporal and and and AMPONE invome located in it 6801, Alxaday to Company the state of the s

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH certificate be executed within 24 haurs after death 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence befare admission) completely filled in by the funerol PLACE OF DEATH o. COUNTY o. STATE b. COUNTY albot Maryland MARYLAND c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) b. CITY OR TOWN (If autside carparate limits. c. LENGTH OF STAY IN 1b write RURAL and give nearest tawn) Rhodesdale To a 1 to ON A FARM? d. STREET ADDRESS ease remove corbon papers. ond in any event, within 72 h d. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital, give street address) R.F.D. o Movia 3. NAME OF Middle Lost 4. DATE Doy DECEASED (Type or print) DEATH S. SEX 6. COLOR OR RACE NEVER MARRIED B. DATE OF BIRTH last birthday) Doys June 12, 1896 WIDOWED DIVORCED 10o. USUAL OCCUPATION (Give kind of work dane during most of working life, even if retired)

Retired Farmer 12. CITIZEN OF WHAT 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or fareign country) INDUSTRY Dorchester County, Md. Farm 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME cremotion, or removal Daniel J. Murphy Elizabeth Thompson ottending b 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT requires that the death (Yes, no ar unknown) (If yes give war ar dates af service 201-05-4572 Mrs. Hazel H. Murphy, Rhodesdale, Md. R.F.D. INTERVAL BETWEEN 1B. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY: signed by the burial-tronsit ONSET AND DEATH IMMEDIATE CAUSE (a) Page 4 moy be retained by the hospital ar attending physicion. DUE TO Canditians, if any, which gave (b) rise to immediate cause (a), DUF TO stating the underlying cause has been for use os the last. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) of Heolth NO O FUNERAL DIRECTOR: After this certificate 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 1B.) detoched State Dept. MEDICAL 20c. TIME OF INJURY Manth, Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, form, (City or tawn) (County) (Stote) Hour a.m. factory, street, affice bldg., etc.) Nat While at work at wark deceased fram 14 Sep , 19 66, that (1) (we) tast 19 66, and that deoth occurred at 11 8 M, from caused and an the date stated above. 21. I certify that (1) (this tresantal) attended the deceased from 14 sup director, page 3 should should be filed with the sow the deceased alive on 14 22b. DATE SIGNED 22a. SIGNATURE PHYS. M.D. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) Stephen P. Carney. M.D. Easton. Md. 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23a. BURIAL, CREMATION, 23b. DATE THEREOF (Stote) (County) September 18,1966 Brookview Cemetery Brookview, Maryland 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE 24., FUNERAL DIRECTOR **ADDRESS** 1966

25351 A STATE OF THE PARTY OF THE PAR . Nerchenser County, ve. Transat bening Miscon of T. dundantil Daniel C. Chirobes 201-15-572 - New Hardle Sarchy, Mandendale, No. 11. See Lungle . Description | Personal description | Description | March 1966 | March

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and the any event, within 72 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

10006 CERTIFICAT	IE UF DEATH	050
1. PLACE DF DEATH	2. USUAL RESIDENCE (Where deceased lived, If institution:	Residence before admission)
a. COUNTY TALBOT MARYLAND	a. STATE b. COUNTY	G ITTEN
	MARYLAND DORCHE c. CITY OR TOWN (If outside corporate limits, write RURA	
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) EASTON c. LENGTH OF STAY IN 1b	Cambridge	07 2
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address	d. STREET ADDRESS rch Street	e. IS RESIDENCE DN A FARM?
HOUSE IN THE PINES EASTON	ROUTEC#OODEBOOOS	YES NO A
3. NAME DF DECEASED (Type or print) L. D. L. Crocheron	Last 4. DATE Month DF DEATH September	Day Year 10 19 66
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years IF UNDE	R 1 YEAR IF UNDER 24 HRS
White WIDOWED DIVORCED	Beb. 26, 1891 last birthday Months	Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWILE HOUSEWILE	11. BIRTHPLACE (County & State, or foreign country) 12. (ITIZEN OF WHAT
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
Eugene Crocheron	Trifinia Johnson	
	informant r. Hamilton North, Cambridge, M	Maryland
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]		INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Congestion hea	A Lacling	ONSET AND DEATH
1/2/1/	e hat dereau	
Conditions, If any, which) DUE TO Arterwooderata	- but dias	man den
gave rise to immediate	e juin account	1/
cause (a), stating the DUE TD		
Underlying cause last.) (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT REI 20a. ACCIDENT WAS UNDERLYING DR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	ATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)) 19. WAS AUTOPSY PERFORMED? YES ND
	CURRED. (Enter nature of Injury In Part I or Part II of Item 1	8.)
20c. TIME DF INJURY Month, Day, Year 20d. INJURY DCCURRED 20e. PL facility of the p.m. 19 at work at work	ACE DF INJURY (Home, farm, tory, street, office bldg., etc.)	ounty) (State)
21. I certify that (I) (this hospital) attended the deceased from_	10/24/65, 19to 9/10 , 19_	66. that (I) (we) last
	at death occurred at 1 5 m, from the causes and on	
22a, SIGNATURE	22b.	DATE SIGNED
Stink R Carne	D. ATTENDING DIRECTOR DIRECTOR PHYS.	-12-66
22c. PHYSICIAN'S NAME (Type)	D. PHYS. DIRECTOR PHYS. 22d. ADDRESS	
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETER	RY OR CREMATORY 23d. LOCATION (City, town or co	ounty) (State)
BREMOVAL (Specify) Sept 12 1966 Greenlawn Co		
24. FUNERAL DIRECTOR ADDRESS	25a. REC'D BY REGISTRAR 25b. REGISTRAL	
10 + 2111 0 11	MI CED 1 1 10CC Mely	arles Judge
LE comple F. IH. Ambridge,	DATE SEP 14 1300	10

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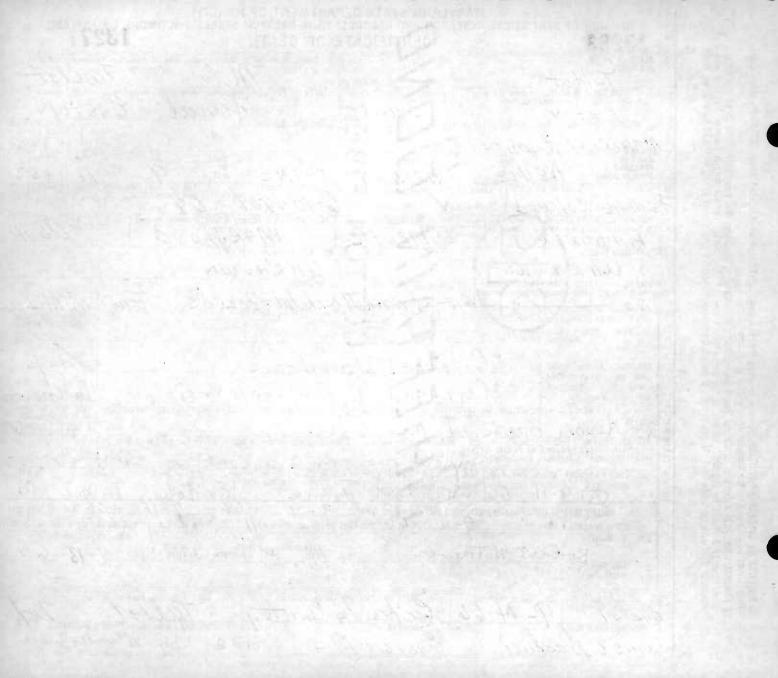
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

1. PLACE OF DEATH	2. USUAL RESIDENCE (Where degreased lived, If institution: Residence before admission)
a. COUNTY	e. STATE D. COUNTY
b. CITY OR TOWN (if outside corporate limits. c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside/corporate limits, write RUBAL end give nearest town)
write RURAL and give nearest town) EASTON 3 da.	KILDAD & ACTON
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS L e. IS RESIDENCE
Meminial History	ON A FARM?
MEMORIA! MOSANITA!	YES NO P
3. NAME OF OECEASED NC1/16 C/ Middle	Roll 4. DATE Month Day Year
5. SEX [6. COLOR OR RACE 7 MARRIED NOTE MARRIED	B. DATE OF BIRTH 19. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.
Formala R. I. MARKIED TO THE MININTED	B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. Hours Min.
7 EMALE COLORED WIDOWED W DIVORCED	6 10 1900 6 8 yrs.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?
LABORER DOMESTIC	WITHEILANG GOT
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
UNEMOUN	UNENOWN
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. (Yes, no, or unknown) (If yes give war or dates of service)	INFORMANT Address
NO 213-24-1286AH	osphital PECIROS EASTON, MC
18. CAUSE OF OEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL BETWEEN
PART I. OEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	ONSET AND DEATH
332X OUE TO O 1 1 VD	
Conditions, If any, which becebra Thr	embosis 3 days
gave rise to Immediate	- 1 0 111
cause (a), stating the underlying cause last.	leriosclerosis Unknown
	TEO TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY
PART IL OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELA 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCU BY CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOWIFY MEDICAL EXAMINER)	PERFORMEO? YES NO D
20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCU	RRED. (Enter nature of Injury In Part I or Part II of Item 18.)
OR CONTRIBUTING CAUSE OF DEATH OF CIFETHER, NOTIFY MEDICAL EXAMINER)	an area conti a 9-4-66
	CE OF INJURY (Home, farm, 20f. (City or Jown) (County) (State)
Winds I will will will will will will will wi	ry, street, office bldg., etc.)
	9-9 1966 to 9-1/ 1966 that (1) (we) last
21. I certify that (I) (this hospital) attended the deceased from	death occurred at M, from the causes and on the date stated above.
saw the deceased alive on 7-11 19.60, and that	22b. DATE SIGNEO
Robert W. Trever M.D	ATTENDING MED. STAFF DIRECTOR PHYS. 9-13-66
22c. PHYSICIAN'S	PHYS. DIRECTOR PHYS. 7-13-64
NAME (Type)	
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERS	OR CREMATORY 1 23d. LOCATION (City, town or county) (State)
BURIN (Specify) 9-14-66 Luchard	s Comoton Talket my
24. FUNERAL DIRECTOR ADDRESS	25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
James & Washiel Enter 1	JOATE SEP 21 1966 Milarles Judge
JULIES OF PURCHINELL CASTOTI, I'M	UNIT OF THE PROPERTY OF THE PR

VR AIS (4) 20M 1/65

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, of removal, and in any event, within 72 hqurs after death.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.



AND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS. 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND RTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, Il Institution: Rasidence before admission) a. COUNTY Talbox Page b. COUNTY Wicomico 6 MARYLAND epartment b. CITY OR TOWN (if outside corporate limits. c. LENGTH OF STAY IN 16 s. CITY OR TOWN (II outside corporate limits, write RURAL and give nearest town) write RUBAL and give nearest town) aston d. NAME OF HOSPITAL OR INSTITUTION (il not in hospitel, give street address) e. IS RESIDENCE ON A FARM? River Road (R.D) Memorial Hospital YES NO Stat NAME OF 4. DATE Month DECEASED OF (Typa or print) DEATH 6. COLOR OR RACE 7. MARRIED NEVER MARRIED AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. last birthday) Months! male WIDOWED DIVORCED 10a. USUAL OCCUPATION (Give kind of work 12. CITIZEN OF WHAT COUNTRY done during most of working lile, even if retired) Plumbing Hebron, Md. Plumber 13. FATHER'S NAME Mary Ellen Parsons Charlie Wesley Phippin I 16. SOCIAL SECURITY NO Mrs. Norma Phippin, RD 1 Salisbury, Md. with executed 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c).] INTERVAL BETWEEN Office along occlusion ONSET AND DEATH PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) DUE TO 0 Conditions, if any, which (b) gava rise to Immediate cause "pending DUE TO as (a), stating the underlying sause last. CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 1 19. WAS AUTOPSY PERFORMED? NO b 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Pert I or Pert II of item 18.) PRIMARY | or CONTRIBUTING | prior CAUSE OF DEATH. MEDICAL 20e. PLACE OF INJURY (Home, farm, 20c. TIME OF INJURY Month, Day, Year 20d, INJURY OCCURRED | 20f. (City or town) (County) (State) Not While lectory, street, office bldg., etc. While at work et work 21. I certify that I took charge of the remains described above, held an Autopsy Inspection Inquiry and in my opinion Undetermined manner death resulted from: Natural causes Accident Suicide Homicide CHIEF MEDICAL EXAMINER ACTUAL 4 should be for ASSISTANT MEDICAL EXAMINER DATE SIGNED DEPUTY MEDICAL EXAMINER EXAMINER'S NAME (Type) Address (Street, city, town, or county) 22a BURIAL CREMATION. 22d. LOCATION (City, town, or county) (State) REMOVAL (Specify) Hebron (emetery Hebron. 23. FUNERAL DIRECTOR 24a. REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE VR AISME 5M 1/63

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	Division of STATISTICAL, RESEARCH AND RECORDS, 301	1 W. PRESTON STREET, BALTIMORE, MARYLAND 212	201
STATE	13285 Ttem #2c & d infor take	CERTIFICATE OF DEATH 13	279
DEPT.M	PLACE OF DEATH O. COUNTY TO 160+ MARYLAND	2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence of Maryland b. COUNTY albo	te before odmission)
72 haurs affer death.	b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If autside carparate limits, write RURAL and give	neorest town)
Tet .	write RURAL and give nearest town) D. O.A.	Easton	20-1
99	d. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital, give street address)	d. STREET ADDRESS 62 Graham St.	e. IS RESIDENCE ON A FARM? YES NO
within 72 h	NAME OF DECEASED (Type or print) Penny Linda She	Last 4. DATE Month OF DEATH 9	Doy Year 66
S	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED . 8	8. DATE OF BIRTH 9. AGE (In years last birthday) 8/10/66 Weeks Months	Doys Hours Min.
1 d	Do. USUAL OCCUPATION (Give kind of work done . 10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote or foreign country) 12. CIT	TIZEN OF WHAT UNTRY?
	3. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
	Jacob Sherwood	Josephine Holland	
(Ves no gruphnown) (If we give wor or dates of service)	INFORMANT Addinasto	n, Md.
ta burial, crematian, ar remaval,	PART I. DEATH WAS CAUSED BY: MMEDIATE CAUSE (o) Questing ed	infection?	ONSET AND DEATH
and and	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO 1	THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)	19. WAS AUTOPSY PERFORMED? YES NO
		(Enter noture of injury in Port I or Port II of item 18.)	
MEDICAL	20c. TIME OF INJURY Month, Day, Yeor Hour o.m. P.m. 19 20d. INJURY ÖCCURRED While of work of work	CE OF INJURY (Home, form, lory, street, office bldg., etc.)	unty) (Stote)
	21. I certify that I took charge of the remains described obove, he deoth resulted from: Noturol couses Accident , Suic		ond in my apinion
	SIGNATURE Jan White	M.D. ASSISTANT MEDICAL EXAMINER	22. DATE SIGNED
	EXAMINER'S NAME (Type) WELTY	Address (Street, city, town, or county)	9-26-66
1	39. BURIAL CREMATION 23b. DATE THEREOF 23c. NAME OF CEMETER OR REMOVAL (Specify) 24. FUNERAL DIRECTOR ADDRESS	23d. LOCATION (City or Town) 25o. REC'D BY REGISTRAR 25b. REGISTRAR'S S	(County) (State)
6	200095 B Northell Eartin	M DATE OCT 6 1986 Achian	eles Judge

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE L MARYLAND 12011 CERTIFICATE OF DEATH hours after death. funera and deat) PLACE DF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY b. COUNTY MARYLAND b. CITY OR TOWN (if butside corporate limits. c. CITY OR TOWN (If outside corporate limits, write RURAL end give nearest town) c. LENCTH OF STAY IN 1b write RURAL and give nearest town) /ilohman e. IS RESIDENCE d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS ON A FARM? event, within YES NO executed within etely carbon NAME DE First Middle 4. DATE Month Day Year Last DECEASED (Type or print) DEATH 196 compl 16 5. SEX ACE (In years | IFUNDER I YEAR | IFUNDER 24 HRS 6/COLOR OR RACE 8. DATE OF BIRTH 7. MARRIED NEVER MARRIED Months | Days WIDOWED male DIVORCED Ξ 10a. USUAL OCCUPATION (Give kind of work done | 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT 11. BIRT HPLACE (County & State, or foreign country) attending physician rmit. Then please ine Police be during most of working life, even If retired) and Marine Inspector death certificate FATHER'S NAME 14. MOTHER'S MAIDEN NAME remova Gus Sinclair Tabitha Walken 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT Address 16. SOCIAL SECURITY NO. the attent t permit. 0 (Yes, no, or unkown) | (If yes give war or dates of service) Mrs. Wm. 18. CAUSE DF DEATH [Enter only one cause per line for INTERVAL BETWEEN requires that the ONSET AND BEATH PART I. DEATH WAS CAUSED 8Y: IMMEDIATE CAUSE signed burial-tr burial, o DUE TO Conditions, If any, which gave rise to immediate DUE TO cause (a) stating the underlying pause last. PARTAL OTHER SIGNIFICANCE CONDITIONS CONTRIBUTING TO DEATH BUT NOT REATED TO THE PROMINAL DISEASE CONDITION GIVEN IN PART 1(a) CERTIFICATION WAS AUTOPSY PERFORMED? NO C YES Or 20a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURATED, (Enter nature of injury in Part I or Part II of Item 18.) this certidetached for the detached for 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) 20c. TIME OF INJURY Month, Day, Year factory, street, office bldg., etc.) Hour a.m. While Not While p.m. at work at work 21. I certify that (I) (this hosbital) DIRECTOR: age 3 should lied with the b, and that death occurred at 12 M, from the causes and on the date stated above. saw the degreased alive on SIGNATURE DATE SIGNED DIRECTOR M.D. TO FUNERAL 22d. ADDRESS director, p NAME (Type) R. Lane Wroth, M.D. St. Michaels 23c, NAME OF CEMETERY OR CREMATORY Sherwood (emetery (State) BURJAL, CREMATION, 23d LOCATION (City, town or county) Sherwood, 24. FUNERAL DIRECTOR ADDRESS 25a. REC'D BY RECISTRAR | 25b. REGISTRAR'S SIGNATURE 1956 Planles Judge 1/65

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 3238 certificate be executed within 24 hours after death death filled in by the funeral papers. Pages 1 and 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. COUNTY -a. STATE ond in ony event, within 72 hours after MARYLAND b. CITY OR TOWN c. LENGTH OF STAY IN 1b (If autside carparate limits, autside carparate limits, write RURAL and give nearest tawn) write RURAL and give nearest town) d. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital, give street address) IS RESIDENCE ON A FARM? d. STREET ADDRESS mori NO YES NAME OF remove carban Last 4. DATE Month Day Year and completely DECEASED OF (Type ar print) 19 DEATH DATE IF UNDER 6. COLOR OR RACE 7. MARRIED **NEVER MARRIED** Manths Days Haurs COLOREA WIDOWED DIVORCED 1Db. KIND OF BUSINESS OR 12. CITIZEN OF WHAT 10a. USUAL OCCUPATION (Give kind of work done pleose during most of working life, even if retired) INDUSTRY COUNTRY? 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAM burial, cremation, or removal, offending 17. INFORMANT WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. requires that the deoth permit. (Yes, no, or unknown) (If yes give war or dates of service) INTERVAL BETWEEN ONSET AND DEATH 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). burial-transit PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) signed by **10 HOSPITAL OR ATTENDING PHYSICIAN:** The law requires the Poge 4 may be retained by the hospital or ottending physicion. DUE TO Canditians, if any, which gave rise ta immediate cause (a). DUE TO stating the underlying cause director, page 3 shauld be detached far use as the should be filed with the State Dept. of Health prior to this certificate hos been lost. 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) NO 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part 11 of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e. PLACE OF INJURY (Hame, farm, 2Dc. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 2Df. (City or town) (County) (State) Haur a.m. While Nat While factory, street, affice bldg., etc.) 19 at wark at wark TO FUNERAL DIRECTOR: After 19___, that (I) (we) last 21. I certify that (1) (this haspital) attended the deceased fram . ta and that death occurred at 2 A. M. fram causes and an the date stated above. saw the deceased alive an. 22a. SIGNATURE 22b. DATE SIGNED STAFF PHYS. M.D. PHYS. DIRECTOR 22d. ADDRESS 22c. PHYSICIAN'S NAME (TypeRobert W. Trever M. D. Easton, Maryland 23c. NAME OF CEMETERY OR CREMATORY 23o. BURIAL, CREMATION, 23b. DATE THEREOF 23d. LOCATION (City or Town) (County) (State) REMOVAL (Specify) 2Sb. REGISTRAR'S SIGNATURE FUNERAL DIRECTOR ADDRESS 2Sa. REC'D BY REGISTRAR VR A15 (4) 20 M 1/66

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND CERTIFICATE OF DEATH after death. and PLACE DF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution; Residence before admission) a. COUNTY b. COUNTY AROLINE MRYLAND MARYLAND b. CITY OR TOWN (if outside corporate limits. c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) filled in by papers. Page in 72 hours a write RURAL and give nearest town) HARMONY RESTON RED d. NAME OF HOSPITAL OR INSTITUTION (if not, in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE 24 ON A FARM? carbon pap ent, within 7 NOX YES within etely NAME OF First Middle Last DATE Month Day DECEASED DE event, comple (Type or print) DEATH 19 5. SEX 6. COLOR OR RACE DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS 7. MARRIED NEVER MARRIED 8. last birthday) Months | Days Hours and WIDOWED DIVORCED [10a. USUAL OCCUPATION (Give kind of work done) physician n please r val and in 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY COUNTRY? Caroline County Maryland Iruck owner & manager ickle WOOKS death certificate 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME LINWOOD GOSSAGE rank 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. ed by the attenct transit permit. cremation, or r 17. INFORMANT (Yes, no, or unkown) (If yes give war or dates of service) RED treston, 110 CAUSE OF DEATH [Enter only one cause per line for (2), (b), and (c), 18. INTERVAL BETWEEN ONSET AND DEATH I-transit PART I. DEATH WAS CAUSED BY: ulu rucu NG PHYSICIAN: The law requires that t by the hospital or attending physician. un been signed I the burial-tra or to burial, cr IMMEDIATE CAUSE (a) DUE TO Cenditions, If any, which (b) gave rise to immediate DUE TO cause (a), stating the underlying cause last. as PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY certificate h thed for use PERFORMED? NO V YES 20a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) r this certily detached for the Dept. of I 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 20c. TIME OF INJURY Month, Day, Year 20f. (City or town) (County) (State) factory, street, office bldg., etc.) Hour a.m. Not While p.m. 19 at work at work retained 10 19 46 that (I) (we) last 21. I certify that (I) (this hospital) attended the deceased from_ DIRECTOR: age 3 should led with the M. from the causes and on the date stated above. saw the deceased alive on and that death occurred at 22a. SIGNATURE 22b. DATE SIGNED pe page ATTENDING Illes M.D. DIRECTOR PHYS. PHYS. Page 4 may 22c. PHYSICIAN'S 22d. ADDRESS director, p should be HARRISIN NAME (Type) 23a. BURIAL, CREMATION, 23b. DATE THEREOF NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) 0 REMOVAL (Specify) Cemeter Md. ederalsbu BURINL FUNERAL PIRECTOR ADDRESS REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 25a. VR A15 (4) 20M 1/65

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	M	13290 CERTIFICAT	E OF DEATH	13284
PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death ne hospital or attending physician. The death this certificate has been signed by the attending physician and campletely filled in by the funeral etached far use as the burial-transit permit. Then place remaye carban papers. Pages I and second the complete that the purisity permit.	Ter degin	1. PLACE OF DEATH a. COUNTY TAIBOT MARYLAND	2. USUAL RESIDENCE (Where deceased lived, if institution of STATE b. COUNT	Y
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ecuted withicampletely fave carban	event, with	3. NAME OF DECEASED (Type or print) FANNIE E	Lost 4. DATE Month OF DEATH 8. DATE OF BIRTH 9. AGE (In years 1	Day Year 12 19 66 IF UNDER 1 YEAR IF UNDER 24 HRS.
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ne death ce attending p	5	(Yes, no, ar unknown) (If yes give war ar dates of service) No Unknown He	rman H. Wagner RFD#1 Greens	sboro, Md.
that the in. by the ansit p	crematian,	18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), ond (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	prumonia	INTERVAL BETWEEN ONSET AND DEATH
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NDING Port of the After this id be detailed	State U	4:35 p.m. 2 Sept 1966 While of wark at wark 2. I certify that (I) (this hospital) attended the deceased fram_	retary, street, affice bldg., etc.) Home Greensboro	Caroline Md
	ed with the	saw the deceased alive an19, and th	at death accurred at 4 M, fram causes of	
may be re RAL DIRE	w tiled w	22c. PHYSICIAN	A.D. PHYS. DIRECTOR PHYS. 22d. ADDRESS	
TO HOSPITAL Page 4 may TO FUNERAL director, pag	auld be	NAME (Type) H. Kinnamon, M.D. 23a. BURIAL, CREMATION, PEMOVAI (Specify) 23b. DATE THEREOF 23c. NAME OF CEMETERY OF		
	0	REMOVAL(Specify) 9/19/66 Baltimore 14 FUNERAL DIRECTOR Wm. Cook-Brooks IncAPDRESS Balti	more, Md .250. REC'D BY REGISTRAR 25b. REC	e Md. SISTRAR'S SIGNATURE
VR A15 (20 M 1/	66	v\$	XXXXXX DATE SEP 2.0 1966	Juarles Judge

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 13285 CERTIFICATE OF DEATH certificate be executed within 24 haurs after death. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) and campletely filled in by the funeral remave carban papers. Pages 1 and o. COUNTY o STATE b. COUNTY efter MARYLAND b. CITY OR TOWN (If outside corporate limits, CLENGTH OF STAY IN 15 outside corporate limits, write RURAL and give nearest tawn) write RURAL and give negrest town hours 2 MINS d. STREET ADDRESS IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) crematian, or remaval, and in any event, within 72 YES NO F 3. NAME OF DATE Middle Lost Month Dov Year DECEASED OF DEATH 19 (Type or print) IF LINDER 1 YEAR IF UNDER 24 HRS. AGE (In veors S. SEX 6. COLOR OR RACE DATE OF BIRTH NEVER MARRIED lost birthdoy) Months Doys WIDOWED DIVORCED 10o. USUAL OCCUPATION (Give kind of work done -10b, KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY COUNTRY? the attending physician sit permit. Then please Md. 13. FATHER'S NAME 14. MDTHER'S MAIDEN NAME Warner 15. WAS DECEASED EVER AN U.S. ARMED FDRCES?
(Yes, no, or unknown) (If yes give wor or dotes of service) 17. INFORMANT 16. SOCIAL SECURITY NO. requires that the death Mabel Elizabeth Warner -- Mother Cordova, Md 18. CAUSE OF DEATH (Enter only one couse per line for (o) \$6), and (c).) INTERVAL RETWEEN burial-transit ONSET AND DEATH PART I. DEATH WAS CAUSED BY I rematerity IMMEDIATE CAUSE (o) signed by DUF TO burial, Conditions, if ony, which gove rise to immediate couse (a). DUF TO stoting the underlying couse Page 4 may be retained by the hospital ar attending as the last. 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) O FUNERAL DIRECTOR: After this certificate has far use (Health p CERTIFICATION NO IC PHYSICIAN: 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port 1 or Port II of item 1B.) 20o. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (Stote) 20c. TIME OF INJURY Month, Doy, Year foctory, street, office bldg., etc.) Not While ot work of work M, fram causes and an the date stated abave. 21. I certify that (I) (this haspital) attended the deceased fram . 19____, that (I) (we) last and that death accurred at. saw the deceased alive an. 22b. DATE SIGNED 220. SIGNATURE ATTENDING STAFF PHYS. 9/30/66 DIRECTOR M.D. PHYS. directar, page shauld be filed 22d. ADDRESS Easton, Maryland 22c. PHYSICIAN'S Tyler Baker NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (Stote) 23o. BURIAL, CREMATION 23b. DATE THEREOF (County) REMOVAL (Specify) Easton, Md. Memorial Hospital 25b. REGISTRAR'S SIGNATURE 250, REC'D BY REGISTRAR 24. FUNERAL DIRECTOR VR A15 (4) 20 M 1/66 Memorial Hospital, Easton, Maryland Marley Judge

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3292 MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH requires that the death certificate be executed within 24 hours after death. death PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. COUNTY o. STATE b. COUNTY Talbot Maryland ompletely filled in by the fur ve carbon popers. Pages 1 event, within 72 hours after MARYLAND Caroline c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) b. CITY OR TOWN (If putside corporate limits, c. LENGTH OF STAY IN 1b. write RURAL and dive nearest town) Federalsburg d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? 111 Reliance Avenue 3. NAME OF remove carbon 4. DATE Vost Doy Year completely HANDY DECEASED (Type or print) DEATH 1960 IF UNDER 1 YEAR S. SEX 6. COLOR OR RACE DATE OF BIRTH 9. AGE (In years 7. MARRIED NEVER MARRIED last birthdoy) Months Dovs Hours Male White February 7. 1891 WIDOWED DIVORCED 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) **INDUSTRY** Caroline County Md Maryland Plastics Inc. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME the ottending physisit permit. Then to cremotian, or removol Newton M. White Ruth Dew 1S. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes give wor or dotes of service) 17. INFORMANT 16. SOCIAL SECURITY NO. permit. 213-03 -9647 Mrs. Hilda P. White. Federalsburg. Md. INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) signed by the buriol-transit p PART I. DEATH WAS CAUSED BY: ONSET AND DEATH IMMEDIATE CAUSE (o) Poge 4 moy be retoined by the hospitol or ottending physician. DUE TO buriol Conditions, if ony, which gove rise to immediate couse (a) DUE TO stating the underlying couse has been be detoched for use as the State Dept. of Heolth prior to last. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) YES T NO this certificate 20o. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port | or Port || of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Home, form, (City or town) (County) (Stote) 20c. TIME OF INJURY Month, Dov. Year Hour o.m. factory, street, office bldg., etc.) Not While of work ot work **FUNERAL DIRECTOR:** After 21. I certify that (I) (this hospital) ottended the deceased from 18 21 1966 to 26 19 69 that (1) (we) lost should 26 19 66, and that death occurred at 5.50 M, from causes and on the dote stated above. saw the deceased olive on 50 22b. DATE SIGNED 22o. SIGNATURE **ATTENDING** 9-27-66 director, page 3 should be filed v M.D. DIRECTOR PHYS. PHYS. 22d. ADDRESS 22c. PHYSICIAN'S Stephen R. Carney NAME (Type) M. Easton. Maryland 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23b. DATE THEREOF (County) 23o. BURIAL, CREMATION. (Stote) Burial (Specify) Federalshurg, Maryland Hill Crest Cemetery Sept. 29. 1966 ADDRESS 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR VR A15 (4) 20 M 1/66 tramptom 4 Md.

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 13294 CERTIFICATE OF DEATH 24 hours after death. death campletely filled in by the funeral lave carban papers. Pages 1 and 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) b. COUNTY Talbot a. COUNTY a. STATE ve carban papers. Pages 1 event, within 72 hours after MARYLAND CITY OR TOWN (If autside carparate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) write RURAL and give nearest town) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital, give street address YES NO C be executed within 3. NAME OF Middle 4. DATE remave carban Year Day DECEASED OF 19 (Type or print DEATH S. SEX 6. COLOR OR RACE 7. MARRIED DATE OF BIRTH AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS NEVER MARRIED last_birthday) Months Hours WIDOWED DIVORCED X 10a. USUAL OCCUPATION (Give kind of wark done 12. CITIZEN OF WHAT 10b. KIND OF BUSINESS OR during most of working life, even if retired) State COUNTRY? and Xxxxxxx Talbox 13. FATHER'S NAME remaya John W. Wilson certi James 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? requires that the death (Yes, no or unknown) (If yes give wor or dates af service) . Wilson. Tilohman, Md. crematian, ar INTERVAL BETWEEN CAUSE OF DEATH (Enter only one cause per line for (a), (b), signed by the burial-transit p ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) attending physician. DUE TO Conditions, if ony, which gove rise to immediate cause (a) DUE TO stoting the underlying cause has been as the priar to last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) WAS AUTOPSY PERFORMED? NO this certificate Page 4 may be retained by the haspital ar for 20g. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER be detached State Dept. o 20e. PLACE OF INJURY (Hame, farm, 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED (City or town) (County) (State) foctory, street, office bldg., etc.) Hour a.m. While Nat While at wark 21. 1 certify that (1) (this haspital) attended the deceased fram. 3 shauld to with the S say the deceased alive on and that death accurred at M, fram causes and an the date stated above. O FUNERAL DIRECTOR: 220. SIGNATURE 22b. DATE SIGNED **ATTENDING** director, page 3 shauld be filed v M.D. PHYS DIRECTOR PHYS 22CAPHYSICIAN'S 22d. ADDRESS 23c. NAME OF REMETERY 23a. BURIAL, CREMATION OR CREMATORY 23d. LOCATION (City or Town) (County) (State) emeteru uman. FUNERAL DIRECTOR ADDRESS REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH requires that the death certificate be executed within 24 haurs after death funeral 1 and death 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. STATE Maruland b. COUNTY Talbox o. COUNTY emove carban papers. Pages I any event, within 72 hours after MARYLAND filled in by the fundamental pages. Pages b. CITY OR TOWN (If autside corparate limits. c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If autside carparate limits, write RURAL and give negrest tawn) write RURAL and give nearest tawn) aston d. STREET ADDRESS. Washington Street d. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital, give street address) e. IS RESIDENCE ON A FARM? NOX 3. NAME OF physician and campletely f nen please remove carban Middle 4. DATE Day Year DECEASED Kemp (Type or print) DEATH S. SEX 7. MARRIED AGE (In years IF UNDER 1 YEAR 6. COLOR OR RACE NEVER MARRIED 8. DATE OF BIRTH IF UNDER 24 FIRS lost birthday) white Months Doys Hours male WIDOWED DIVORCED and 10b. KIND OF BUSINESS OR 10a. USUAL OCCUPATION (Give kind of work done 12. CITIZEN OF WHAT 11. BIRTHPLACE (County & State, ar fareign country) amoun during most atworking life, even if retired) INQUSTRY Automotive Marulana 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME burial, crematian, ar remova Katie Kemr attending p WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, na, ar unknown) (If yes give wor or dotes of service) CAUSE OF DEATH (Enter only one cause per line for (a), PART 1. DEATH WAS CAUSED BY: INTERVAL BETWEEN signed by the burial-transit ONSET AND DEATH IMMEDIATE CAUSE (o) 4 may be retained by the haspital or attending physician. DUE TO Conditions, if ony, which gove rise to immediate cause (o), DUE TO stating the underlying cause **D FUNERAL DIRECTOR:** After this certificate has been director, page 3 should be detached far use as the should be filed with the State Dept. of Health priar to last. ATTENDING PHYSICIAN: The law WAS AUTOPS'
PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) CERTIFICATION O FUNERAL DIRECTOR: After this certificate NO 20g. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part 11 of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (Stote) Haur o.m. While Nat While foctory, street, affice bldg., etc.) ot wark at work 21. I certify that (1) (this haspital) attended the deceased fram as to , 19___, that (I) (we) last 19 ____, and that death accurred at 5 -M, fram causes and an the date stated above saw the deceased alive an 22a. SIGNATURE 22b. DATE SIGNED **ATTENDING** STAFF W. Trever M.D. DIRECTOR PHYS. PHYS. 22d. ADDRESS 22c. PHYSICIAN'S Robert W. Trever, M.D. NAME (Type) Easton, Md. 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION, 23d. LOCATION (City or Town) (County) Spring Hill aston. 2Sa. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR VR A15 (4) 1966 20 M 1/66 on Ma DATE

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